

NOTICE OF HEARING IN REMOVAL PROCEEDINGS  
IMMIGRATION COURT

RE: KAMBUROWSKI, MICHAEL RAPHAEL  
FILE: A76-595-582

DATE: Feb 25, 2004

TO: MICHAEL P. DIRAIMONDO  
401 BROADHOLLOW RD. #302  
MELVILLE, NY 11747

Please take notice that the above captioned case has been scheduled for a MASTER hearing before the Immigration Court on Mar 12, 2004 at 8:30 A.M. at:

182-22 150TH AVENUE  
JAMAICA, NY 11413

You may be represented in these proceedings, at no expense to the Government, by an attorney or other individual who is authorized and qualified to represent persons before an Immigration Court. Your hearing date has not been scheduled earlier than 10 days from the date of service of the Notice to Appear in order to permit you the opportunity to obtain an attorney or representative. If you wish to be represented, your attorney or representative must appear with you at the hearing prepared to proceed. You can request an earlier hearing in writing.

Failure to appear at your hearing except for exceptional circumstances may result in one or more of the following actions: (1) You may be taken into custody by the Immigration and Naturalization Service and held for further action, OR (2) Your hearing may be held in your absence under section 240(b)(5) of the Immigration and Nationality Act. An order of removal will be entered against you if the Immigration and Naturalization Service established by clear, unequivocal and convincing evidence that a) you or your attorney has been provided this notice and b) you are removable.

IF YOUR ADDRESS IS NOT LISTED ON THE NOTICE TO APPEAR, OR IF IT IS NOT CORRECT, WITHIN FIVE DAYS OF THIS NOTICE YOU MUST PROVIDE TO THE IMMIGRATION COURT THE ATTACHED FORM EOIR-33 WITH YOUR ADDRESS AND/OR TELEPHONE NUMBER AT WHICH YOU CAN BE CONTACTED REGARDING THESE PROCEEDINGS. EVERYTIME YOU CHANGE YOUR ADDRESS AND/OR TELEPHONE NUMBER, YOU MUST INFORM THE COURT OF YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER WITHIN 5 DAYS OF THE CHANGE ON THE ATTACHED FORM EOIR-33. ADDITIONAL FORMS EOIR-33 CAN BE OBTAINED FROM THE COURT WHERE YOU ARE SCHEDULED TO APPEAR. IN THE EVENT YOU ARE UNABLE TO OBTAIN A FORM EOIR-33, YOU MAY PROVIDE THE COURT IN WRITING WITH YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER BUT YOU MUST CLEARLY MARK THE ENVELOPE "CHANGE OF ADDRESS." CORRESPONDENCE FROM THE COURT, INCLUDING HEARING NOTICES, WILL BE SENT TO THE MOST RECENT ADDRESS YOU HAVE PROVIDED, AND WILL BE CONSIDERED SUFFICIENT NOTICE TO YOU AND THESE PROCEEDINGS CAN GO FORWARD IN YOUR ABSENCE.

A list of free legal service providers has been given to you. For information regarding the status of your case, call toll free 1-800-898-7180 or 703-305-1662. \*YOU MUST BRING PHOTO IDENTIFICATION TO ENTER THE BUILDING.\*

CERTIFICATE OF SERVICE

THIS DOCUMENT WAS SERVED BY: MAIL ☒ PERSONAL SERVICE ☒  
TO: ☒ ALIEN ☒ ALIEN c/o Custodial Officer ☒ ALIEN's ATT/REP ☒ INS  
DATE: 2/25/04 BY: COURT STAFF *myokis* V3  
Attachment: ☒ EOIR-33 ☒ EOIR-28 ☒ Legal Services List ☒ Other

MMJ

against me be reopened so that I can proceed with my adjustment of status application. My wife

and I are very happily married and look forward to resolving this very unfortunate situation. She

is very upset about this situation, and was shocked at my arrest and detention. I am worried about

her emotional and psychological state.

I declare, under penalty of perjury that the foregoing information is true and correct to the

best of my knowledge, information and belief.

Dated: January 22, 2004

Garden City, New York

x

Michael Kamburowski

Notice to EOIR: Alien Address

Date: 02/20/04

File No: 76 595 582

To: Office of the Immigration Judge  
Executive Office for Immigration Review  
182-22 150th Avenue  
Jamaica, NY 11413

From: Office of the District Director  
Immigration and Naturalization Service  
26 Federal Plaza 14th Floor  
New York, NY 10278

Respondent: Kambrowski, Michael

This is to notify you that this respondent is:

☐ Currently incarcerated by other than INS. A charging document has been served on the respondent and an Immigration Detainer- Notice of Action by the INS (Form I-247) has been filed with the institution shown below. He/she is incarcerated at:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

His/her anticipated release date is: \_\_\_\_\_

☐ Currently detained by INS at: \_\_\_\_\_

☐ Currently detained by INS and transferred this date to a new location: \_\_\_\_\_

INS motion for change of venue attached. ☐ Yes ☐ No

☒ Released from INS custody on the following condition(s):

☐ Personal recognizance

☐ Order of recognizance (Form I-220A)

☒ Bond in the amount of \$ 7,500 ☐ Surety bond ☒ Cash bond

☐ Other \_\_\_\_\_

☒ Upon release from INS custody, the respondent reported his/her address and telephone number will be:

15 St Nicholas Ave, apt 5H  
New York, NY 10026

☒ Upon release from INS custody, the respondent was reminded of the requirements contained in section 239(a)(1)(F)(ii) of the Immigration and Nationality Act and was provided with an EOIR change of address form (EOIR-33).

Martha Torres  
(Signature of INS official)

Deportation Officer

(Title of INS official)

MARTHA Torres  
(Printed name of INS official)

NYC/WOC

(Location)

UNITED STATES DEPARTMENT OF JUSTICE  
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
OFFICE OF THE IMMIGRATION JUDGE

In the Matter of

X

Michael KAMBUROWSKI,

ORDER

A76 595 582,

Respondent,

In Removal Proceedings.

X

Upon motion of the Respondent, it is hereby ordered that the Respondent's Motion to Reopen *In Absentia* Order be granted and that venue is changed to the Office of the Immigration Judge at the Queens Wackenhut Detention Facility in Jamaica, New York, where the Respondent is currently detained.

WHEREFORE, the Motion to Reopen is granted and venue is changed to Jamaica, New York.

SO ORDERED

  
Immigration Judge

2/6/04

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UNITED STATES DEPARTMENT OF JUSTICE  
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
OFFICE OF THE IMMIGRATION JUDGE

In the Matter of

X

Michael KAMBUROWSKI,

A76 595 582,

Respondent,

DECLARATION OF  
OF MAILING

In Removal Proceedings.

X

Michael P. DiRaimondo, being duly sworn, deposes and says:

1. I am an attorney, duly authorized to practice law in the State of New York.
2. On January 24, 2004, I served a true and correct copy of the Order by depositing a true copy thereof enclosed in a post-paid wrapper, in an official depository under the exclusive care and custody of the Federal Express Corporation addressed to the following:

Office of the Chief Counsel  
Department of Homeland Security  
Bureau of Immigration and Customs Enforcement  
4420 N. Fairfax Drive, Room 500  
Arlington, Virginia 22203  
(202) 307-1579

I certify that the foregoing is true and correct to the best of my knowledge, information and belief.

Dated: January 24, 2004  
Melville, New York

  
Michael P. DiRaimondo

staple  
here

2003 © 1993 JULIUS BLUMBERG, INC.

staple  
here



1. Place cover this side up on top of first page of document. Staple as indicated.



2. Lift bottom of cover up and over top, folding on top score line.



3. Fold cover down behind papers along score line.



STATE OF

COUNTY OF

SS.:

I, the undersigned, an attorney admitted to practice law,

Check Applicable Box

☐ Certification By Attorney

certify that the within has been compared by me with the original and found to be a true and complete copy. state that I am

☐ Attorney's Affirmation

the attorney(s) of record for in the within action; I have read the foregoing and know the contents thereof; the same is true to my own knowledge, except as to the matters therein stated to be alleged on information and belief, and as to those matters I believe it to be true. The reason this verification is made by me and not by

The grounds of my belief as to all matters not stated upon my own knowledge are as follows:

I affirm that the foregoing statements are true, under the penalties of perjury.

Dated:

STATE OF

COUNTY OF

SS.:

The name signed must be printed beneath

Check Applicable Box

☐ Individual Verification

I, the foregoing, being duly sworn, depose and say: I am in the within action: I have read and know the contents thereof; the same is true to my own knowledge, except as to the matters therein stated to be alleged on information and belief, and as to those matters I believe it to be true.

☐ Corporate Verification

the of a corporation and a party in the within action; I have read the foregoing and know the contents thereof; and the same is true to my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true. This verification is made by me because the above party is a corporation and I am an officer thereof.

The grounds of my belief as to all matters not stated upon my own knowledge are as follows:

Sworn to before me on

The name signed must be printed beneath

STATE OF

COUNTY OF

SS.: (If both boxes are checked—indicate after names, type of service used.)

I, being sworn, say: I am not a party to the action, am over 18 years

of age and reside at

On

I served the within

Check Applicable Box

☐ Service By Mail

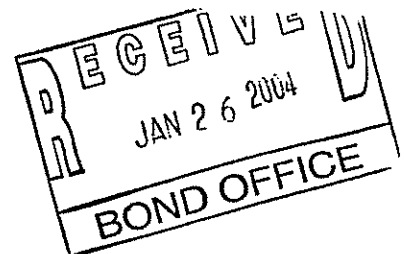
by depositing a true copy thereof enclosed in a post-paid wrapper, in an official depository under the exclusive care and custody of the U.S. Postal Service within this State, addressed to each of the following persons at the last known address set forth after each name:

☐ Personal Service on Individual

by delivering a true copy thereof personally to each person named below at the address indicated. I knew each person served to be the person mentioned and described in said papers as a party therein.

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UNITED STATES DEPARTMENT OF JUSTICE  
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
OFFICE OF THE IMMIGRATION JUDGE



In the Matter of

Michael KAMBUROWSKI,

A76 595 582,

MOTION TO REOPEN  
IN ABSENTIA ORDER  
And CHANGE OF VENUE

RESPONDENT IS DETAINED

Respondent,

In Removal Proceedings.

Next Hearing Type: MCIC Off Calendar closed  
Next Hearing Date/Time: 5:31.01  
Judge: Location: was wad dca vtr  
Employee Initials: JAE LTB

The Respondent, Michael Kamburowski, by and through his attorney, Michael P. DiRaimondo, upon the annexed declaration of Michael P. DiRaimondo, the annexed of the Respondent; and upon all papers and proceedings had herein, pursuant to 8 C.F.R. §3.23, hereby moves the Executive Office for Immigration Review, Office of the Immigration Judge, to reopen its *in absentia order* dated May 31, 2001, based on the fact that Respondent did not receive notice of the hearing;

**WHEREFORE**, the Respondent hereby respectfully requests the Executive Office for Immigration Review, Office of the Immigration Judge, to reopen its *in absentia order* dated May 31,

2001, based on the fact that the Respondent did not receive notice of the hearing and for a change of venue

to the Wachenhut Correctional Facility in Jamaica, New York.

U.S.I.N.S.

FEE RECEIPT

A CENTURY OF SERVICE

01/26/04

N.Y.C.

76595582#H

KAMBUROWSKI, M. H.

MOTION 110.00

SUBMIT 110.00

TRANSIT 110.00

PC 110.00

CHANGE 0.00

1 ITEMS

0003006

8:52

Respectfully submitted,

Michael P. DiRaimondo

DiRaimondo & Masi, LLP

401 Broadhollow Road, Suite 302

Melville, New York 11747

(631) 777-5557

RECEIVED  
JAN 28 2004  
OFFICE OF THE IMMIGRATION JUDGE  
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
U.S. DEPARTMENT OF JUSTICE

000000082

UNITED STATES DEPARTMENT OF JUSTICE  
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
OFFICE OF THE IMMIGRATION JUDGE

\_\_\_\_\_ X  
In the Matter of

Michael KAMBUROWSKI,

A76 595 582,

Respondent,

DECLARATION OF  
MICHAEL P. DiRAIMONDO

In Removal Proceedings.  
\_\_\_\_\_ X

Michael P. DiRaimondo, hereby declares:

1. I am an attorney in good standing duly authorized to practice law in the State of New York. I represent Mr. Michael Kamburowski and am submitting this declaration in support of his motion to reopen the *in absentia* order dated May 31, 2001.
2. On or about May 31, 2002, I filed a Petition for Alien Relative, Form I-130, on behalf of Gina Kamburowski, for her husband, Michael Kamburowski. Also on that date, I filed an Application for Adjustment of Status, Form I-485, for Mr. Kamburowski. A copy of the filing of May 31, 2002, is annexed hereto as Exhibit "A."
3. As a result of this filing, Mr. and Mrs. Kamburowski were scheduled for an interview on January 22, 2004, at the office of the United States Citizenship and Immigration Service in Garden City, New York. I appeared with them at this interview. During the interview Mr. Kamburowski was asked from Form I-485, part three, Question no. 9, whether he has "ever been deported from the U.S., or removed from the U.S. at government expense, excluded within the past year, or are you now in exclusion or deportation proceedings?" The Respondent answered "No" to this question,

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and also answered no to this question when interviewed by me in connection with the filing of the application.

4. It appears, however, that the Respondent was placed under removal proceedings sometime in January 3, 2001, unbeknownst to the Respondent. The Notice to Appear ("NTA") was mailed by regular mail to his old address, which was no longer valid, at 2001 N. Adams Street, Arlington, VA. I was shown this by Special Agent Kidd ("SA Kidd") from the Department of Homeland Security, Immigration and Customs Enforcement, at the interview. The NTA was returned to the Immigration & Naturalization Service ("INS"). This was also told to me by SA Kidd and shown to me in the Respondent's administrative file. SA Kidd refused to give me copies of any documents from the Respondent's administrative file.
5. Additionally, the file showed that a Surrender Notice was mailed to the Respondent at 3202 Pershing Drive, Arlington, VA, and it was also returned.
6. The Respondent lived at 3202 N. Pershing Drive, Arlington, VA, between January 1995 and June 1995. Furthermore, the Respondent informed me that he lived at 2001 North Adams Street, Arlington, VA, between February 1997 and April 1998. This was the address that the NTA was mailed to by regular mail on or about January 3, 2001. The Respondent had not lived at this address since April 1998.
7. As mentioned, I was allowed to review the Respondent's Administrative file with SA Kidd at his adjustment interview on January 22, 2004, and not one document showed that the Respondent had been served with the Notice to Appear. Furthermore, the INS had the Respondent's correct addresses continuously during this period.

8. Respondent was married to Ms. Terri Lynn Sweat, a U.S. citizen, from February of 1997 to April of 1998. As a result of their marriage, a Petition for Alien Relative, Form I-130, and Application for Adjustment of Status was filed with the INS in Arlington, Virginia, on October 30, 1997. *See*, Declaration of Michael Kamburowski, ¶3, and Exhibit "1", annexed thereto, filed herewith.
9. Unfortunately, the Respondent and his first wife were divorced on April 8, 1998, and the Respondent moved to 1613 Harvard Street, N.W., Washington, D.C. Thereafter, the Respondent notified INS of his new address by the filing of Form I-751, Petition to Remove Conditions of Residence on December 9, 1998. The INS, in fact, responded on two occasions to the Respondent at his new address. *See*, Declaration of Michael Kamburowski, ¶¶ 4 & 5, and Exhibit "2", annexed thereto. Thereafter, the Respondent received no further communication from INS.
10. As an Officer of the Court, and on the basis of my review of the Respondent's administrative file, and the dates and addresses told to me by SA Kidd, the Respondent was never served with the NTA and the Respondent has told me on more than one occasion that he was never under any immigration proceedings.
11. Additionally, the Respondent told me on January 22, 2004, that he never received the NTA or any other document informing him that he had was being placed under removal proceedings, or any document that he had to appear for a removal hearing, or any document that he had been removed in his absence.
12. The Respondent was arrested at his adjustment of status interview at 711 Stewart Avenue, Garden City, New York, on January 22, 2004, and is now being detained by the Service at Wackenhut Correctional Facility, in Jamaica, New York. As such, it is respectfully requested that this motion

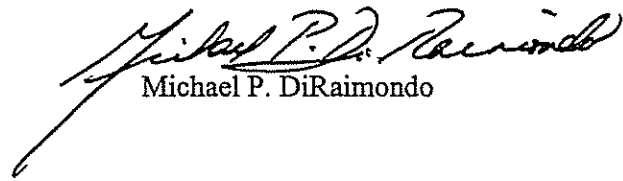
be expedited.

**WHEREFORE**, on the basis that the Respondent was never served with the NTA and failed to receive notice of the hearing date, the Court should reopen said proceedings and change venue to the Wackenhut Correctional Facility, Jamaica, New York, where the Respondent is presently detained by the Service.

I declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge, information and belief.

Dated: January 23, 2004  
Melville, New York

Respectfully submitted,



Michael P. DiRaimondo

**DI RAIMONDO & MASI, LLP**  
ATTORNEYS AT LAW

**FILE COPY**

401 BROADHOLLOW ROAD, #302  
MELVILLE, NEW YORK 11747  
(631) 777-5557  
(631) 777-5114 FAX

120 BROADWAY, 18TH FLOOR  
NEW YORK, NEW YORK 10271  
(212) 587-0550  
FAX (212) 587-0545

**FEDERAL EXPRESS**

May 31, 2002

Immigration & Naturalization Service  
26 Federal Plaza, §245 Unit  
New York, NY 10278

Re: Michael KAMBUROWSKI - Beneficiary  
Gina J Kamburowski - Petitioner  
I-485 - Application for Permanent Residence

Dear Sir or Madam:

In reference to the above-captioned matter, enclosed please find the following documents:

- Forms G-28;
- Form I-130;
- Birth Certificate - Petitioner;
- Marriage Certificate;
- Divorce Certificate - Beneficiary;
- Forms G-325A;
- Form I-485;
- Abstract of Birth Certificate - Beneficiary, with translation;
- Form I-864;
- Bank Letter;
- Form I-765;
- Form I-94;
- Photographs; and
- Filing Fees: \$555.00.

Thank you for your assistance in this matter.

Very truly yours,

  
Michael P. DiRaimondo

Enclosures  
MPD/kag

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Appearances - An appearance shall be filed on this form by the attorney or representative appearing in each case. Thereafter, substitution may be permitted upon the written withdrawal of the attorney or representative of record or upon notification of the new attorney or representative. When an appearance is made by a person acting in a representative capacity, his personal appearance or signature shall constitute a representation that under the provisions of this chapter he is authorized and qualified to represent. Further proof of authority to act in a representative capacity may be required. Availability of Records - During the time a case is pending, and except as otherwise provided in 8 CFR 103.2(b), a party to a proceeding or his attorney or representative shall be permitted to examine the record of proceeding in a Service office. He may, in conformity with 8 CFR 103.10, obtain copies of Service records or information therefrom and copies of documents or transcripts of evidence furnished by him. Upon request, he/she may, in addition, be loaned a copy of the testimony and exhibits contained in the record of proceeding upon giving his/her receipt for such copies and pledging that it will be surrendered upon final disposition of the case or upon demand. If extra copies of exhibits do not exist, they shall not be furnished free on loan; however, they shall be made available for copying or purchase of copies as provided in 8 CFR 103.10.

In re: **KAMBUROWSKI, Michael R - Beneficiary**  
**KAMBUROWSKI, Gina J - Petitioner**  
**I-130/I-485 - Application for Adjustment of Status**

Date: **02-26-02**

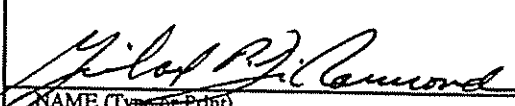
File No. **None**

I hereby enter my appearance as attorney for (or representative of), and at the request of the following named person(s):

Name: <b>Michael Raphael KAMBUROWSKI</b>	<input type="checkbox"/> Petitioner <input checked="" type="checkbox"/> Beneficiary	<input type="checkbox"/> Applicant	
Address: (Apt. No.) (Number & Street) <b>11-15 St. Nicholas Avenue, Apt 5H</b>	(City) <b>New York</b>	(State) <b>NY</b>	(Zip Code) <b>10026</b>
Name: <b>Gina Jessica Kamburowski</b>	<input checked="" type="checkbox"/> Petitioner <input type="checkbox"/> Beneficiary	<input type="checkbox"/> Applicant	
Address: (Apt. No.) (Number & Street) <b>11-15 St. Nicholas Avenue, Apt 5H</b>	(City) <b>New York</b>	(State) <b>NY</b>	(Zip Code) <b>10026</b>

Check Applicable Item(s) below:

- ☒ 1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia  
**New York** **All Courts** (Name of Court) and am not under a court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.
- ☐ 2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:
- ☐ 3. I am associated with \_\_\_\_\_ the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)
- ☐ 4. Others (Explain fully.) \_\_\_\_\_

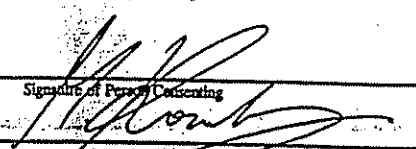
SIGNATURE 	COMPLETE ADDRESS <b>DiRaimondo &amp; Masi, LLP</b> <b>401 Broadhollow Road, #302</b> <b>Melville NY 11747</b>
NAME (Type or Print) <b>Michael P DiRaimondo</b>	TELEPHONE NUMBER <b>631-777-5557 FAX 631-777-5114</b>

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS:

**Michael P. DiRaimondo, Esq.**

(Name of Attorney or Representative)

THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER:

Name of Person Consenting <b>Michael Kamburowski</b>	Signature of Person Consenting 	Date <b>5/23/02</b>
(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)		

This form may not be used to request records under the Freedom of Information Act or the Privacy Act. The manner of requesting such records is contained in 8 CFR 103.10 and 103.20. E: SFO 00001581

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## DO NOT WRITE IN THIS BLOCK - FOR EXAMINING OFFICE ONLY

Case ID#	Action Stamp	Fee Stamp
AM		
G-28 or Volag#		
Section of Law <input type="checkbox"/> 201 (b) spouse <input type="checkbox"/> 203 (a)(1) <input type="checkbox"/> 201 (b) child <input type="checkbox"/> 203 (a)(2) <input type="checkbox"/> 201 (b) parent <input type="checkbox"/> 203 (a)(4) <input type="checkbox"/> 203 (a)(5)		
AM CON: _____		Petition was filed on: _____ (priority date) <input type="checkbox"/> Personal Interview <input type="checkbox"/> Previously Forwarded <input type="checkbox"/> Pet. <input type="checkbox"/> Ben. "A" File Reviewed <input type="checkbox"/> Stateside Criteria <input type="checkbox"/> Field Investigations <input type="checkbox"/> I-485 Simultaneously <input type="checkbox"/> 204(a)(2)(A) Resolved <input type="checkbox"/> 204 (h) Resolved
Remarks:		

## A. Relationship

1. The alien relative is my: ☒ Husband/Wife    ☐ Parent    ☐ Brother/Sister    ☐ Child    ☐ Yes    ☒ No
2. Are you related by adoption? ☐ Yes    ☒ No
3. Did you gain permanent residence through adoption? ☐ Yes    ☒ No

## B. Information about you

1. Name (Family name in CAPS) (First) (Middle) <b>KAMBUROWSKI, Gina Jessica</b>	2. Address (Number and Street) (Apartment Number) <b>11-15 St. Nicholas Avenue 5H</b>
(Town or City) (State/Country) (ZIP/Postal Code) <b>New York NY USA 10026</b>	
3. Place of Birth (Town or City) (State/Country) <b>Hartford CT USA</b>	
4. Date of Birth (Mo/Day/Yr) <b>03-15-77</b>	5. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female 6. Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
7. Other Names Used (including maiden name) <b>Gina Jessica Smith</b>	
8. Date and Place of Present Marriage (if married) <b>06-14-01; Arlington, Virginia USA</b>	
9. Social Security Number <b>045-82-7394</b>	10. Alien Registration Number (if any)
11. Names of Prior Husbands/Wives 12. Date(s) Marriage(s) Ended	

## C. Information about your alien relative

1. Name (Family name in CAPS) (First) (Middle) <b>KAMBUROWSKI, Michael Raphael</b>	2. Address (Number and Street) (Apartment Number) <b>11-15 St. Nicholas Avenue 5H</b>
(Town or City) (State/Country) (ZIP/Postal Code) <b>New York NY USA 10026</b>	
3. Place of Birth (Town or City) (State/Country) <b>Chelm Chelm Poland</b>	
4. Date of Birth (Mo/Day/Yr) <b>05-03-71</b>	5. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female 6. Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
7. Other Names Used (including maiden name)	
8. Date and Place of Present Marriage (if married) <b>06-14-01; Arlington, VA USA</b>	
9. Social Security Number <b>None</b>	10. Alien Registration Number (if any) <b>None</b>
11. Names of prior Husbands/Wives 12. Date(s) Marriage(s) Ended <b>Terri Lynn Sweat 04-09-98</b>	

## 13. If you are a U.S. citizen, complete the following:

- My citizenship was acquired through (check one)  
☒ Birth in the U.S.  
☐ Naturalization (Give number of certificate, date and place it was issued)
- ☐ Parents  
Have you obtained a certificate of citizenship in your own name?  
☐ Yes ☐ No  
If "Yes", give number of certificate, date and place it was issued

## 14a. If you are a lawful permanent resident alien, complete the following:

Date and place of admission for, or adjustment to, lawful permanent residence, and class of admission:

- 14b. Did you gain permanent resident status through marriage to a United States citizen or lawful permanent resident? ☐ Yes ☐ No

## 13. Has your relative ever been to the U.S.?

- ☒ Yes ☐ No

## 14. If your relative is currently in the U.S., complete the following: He or she last arrived as a (visitor, student, stowaway, without inspection, etc.)

## Visitor

Arrival/Departure Record (I-94) Number Date arrived (Month/Day/Year)  
**7 0 3 2 4 9 9 3 9 0 0 01-23-95**  
Date authorize stay expired, or will expire as shown on Form I-94 or I-95  
**02-22-95**

## 15. Name and address of present employer (if any)

Date this employment began (month/day/year)

## 16. Has your relative ever been under immigration proceedings?

- ☐ Yes ☒ No Where When  
☐ Exclusion ☐ Deportation ☐ Rescission ☐ Judicial Proceedings

00001581

INITIAL RECEIPT

RESUBMITTED

RELOCATED

COMPLETED

Rec'd	Sent	Approved	Denied	Returned

# NOTICE TO PERSONS FILING FOR SPOUSES IF MARRIED LESS THAN TWO YEARS

Pursuant to section 216 of the Immigration and nationality Act, your alien spouse may be granted conditional permanent resident status in the United States as of the date he or she is admitted or adjusted to conditional status by an officer of the Immigration and Naturalization Service. Both you and your conditional permanent resident spouse are required to file a petition, Form I-751, Joint Petition to Remove Conditional Basis of Alien's Permanent Resident Status, during the ninety day period immediately before the second anniversary of the date your alien spouse was granted conditional permanent residence.

Otherwise, the rights, privileges, responsibilities and duties which apply to all other permanent residents apply equally to a conditional permanent resident. A conditional permanent resident is not limited to the right to apply for naturalization, to file petitions in behalf of qualifying relatives, or to reside permanently in the United States as an immigrant in accordance with the immigration laws.

**Failure to file Form I-751, Joint Petition to Remove the Conditional Basis of Alien's Permanent Resident Status, will result in termination of permanent residence status and initiation of deportation proceedings.**

**NOTE: You must complete Items 1 through 6 to assure that petition approval is recorded. Do not write in the section below item 6.**

1. Name of relative (Family name in CAPS)		(First)	(Middle)
<b>KAMBUROWSKI</b>		<b>Michael</b>	<b>Raphael</b>
2. Other names used by relative (Including maiden name)			
<b>N/A</b>			
3. Country of relative's birth		4. Date of relative's birth (Month/Day/Year)	
<b>Poland</b>		<b>05-03-71</b>	
5. Your name (Last name in CAPS)	(First)	(Middle)	6. Your Phone Number
<b>KAMBUROWSKI, Gina Jessica</b>			<b>202-425-4721</b>
Action Stamp	SECTION		DATE PETITION FILED
	<input type="checkbox"/> 201 (b)(spouse) <input type="checkbox"/> 201 (b)(child) <input type="checkbox"/> 201 (b)(parent) <input type="checkbox"/> 203 (a)(1) <input type="checkbox"/> 203 (a)(2) <input type="checkbox"/> 203 (a)(4) <input type="checkbox"/> 203 (a)(5)		<input type="checkbox"/> STATESIDE <input type="checkbox"/> CRITERIA GRANTED <input type="checkbox"/> SENT TO CONSUL AT:

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## CHECKLIST

**Have you answered each question?**  
**Have you signed the petition?**  
**Have you enclosed:**

- ☐ The filing fee for each petition?
- ☐ Proof of your citizenship or lawful permanent residence?
- ☐ All required supporting documents for each petition?

**If you are filing for your husband or wife have you included:**

- ☐ Your picture?
- ☐ His or her picture?
- ☐ Your G-325A?
- ☐ His or her G-325A?

Relative Petition Card  
 Form I-130 (REV. 10/13/98)N

000000090

U.S. DEPARTMENT OF JUSTICE  
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
IMMIGRATION COURT  
901 NORTH STUART ST., STE. 1300  
ARLINGTON, VA 22203

In the Matter of:  
KAMBUROWSKI, MICHAEL RAPHAEL

Case No.: A76-595-582

Docket: ARLINGTON, VIRGINIA

RESPONDENT

IN REMOVAL PROCEEDINGS

ORDER OF THE IMMIGRATION JUDGE

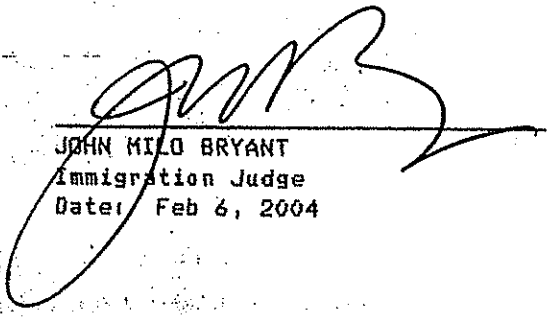
Upon due consideration of the Motion for Change of Venue filed in the above entitled matter, and having been satisfied that the non-moving party was accorded notice and an opportunity to respond, it is HEREBY ORDERED:

that venue is changed to New York

The Immigration Court having administrative control over this hearing location is

Alien's new address is IN DHS CUSTODY  
NEW YORK NY 10014

Alien's new attorney/representative (if any) is

  
JOHN MILO BRYANT  
Immigration Judge  
Date: Feb 6, 2004

Appeal: WAIVED (A/I/B)  
Appeal Due By:

CERTIFICATE OF SERVICE

THIS DOCUMENT WAS SERVED BY: MAIL (M) PERSONAL SERVICE (P)

TO: ☒ ALIEN ☒ ALIEN c/o Custodial Officer ☒ Alien's ATT/REP ☒ INS

DATE: 2/6/04 BY: COURT STAFF Tom

Attachments: ☐ EOIR-93 ☐ EOIR-28 ☐ Legal Services List ☐ Other

Form EOIR 34 - 5T (COV)

KMO

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against me be reopened so that I can proceed with my adjustment of status application. My wife

and I are very happily married and look forward to resolving this very unfortunate situation. She

is very upset about this situation, and was shocked at my arrest and detention. I am worried about

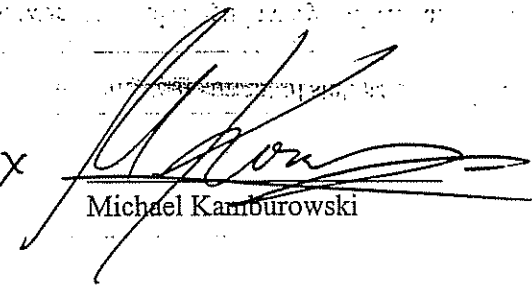
her emotional and psychological state.

I declare under penalty of perjury that the foregoing information is true and correct to the

best of my knowledge, information and belief.

Dated: January 22, 2004

Garden City, New York

x   
Michael Kamburowski

UNITED STATES DEPARTMENT OF JUSTICE  
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
IMMIGRATION COURT  
ARLINGTON, VIRGINIA

KAMBUROWSKI, MICHAEL RAPHAEL  
IN DHS CUSTODY  
NEW YORK NY 10014

Date: Feb 10, 2004

File A76-595-582

In the Matter of  
KAMBUROWSKI, MICHAEL RAPHAEL

Attached is a copy of the written decision of the Immigration Judge. This decision is final unless an appeal is taken to the Board of Immigration Appeals. The enclosed copies of FORM EOIR 26, Notice of Appeal, and FORM EOIR 27, Notice of Entry as Attorney or Representative, properly executed, must be filed with the Board of Immigration Appeals on or before \_\_\_\_\_. The appeal must be accompanied by proof of paid fee (\$110.00).

Enclosed is a copy of the oral decision.

Enclosed is a transcript of the testimony of record.

You are granted until \_\_\_\_\_ to submit a brief to this office in support of your appeal.

Opposing counsel is granted until \_\_\_\_\_ to submit a brief in opposition to the appeal.

Enclosed is a copy of the order decision of the Immigration Judge.

All papers filed with the Court shall be accompanied by proof of service upon opposing counsel.

Sincerely,

  
Immigration Court Clerk

UL

CCI

KHO

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UNITED STATES DEPARTMENT OF JUSTICE  
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
OFFICE OF THE IMMIGRATION JUDGE

----- X  
In the Matter of

Michael KAMBUROWSKI,

A76 595 582,

Respondent,

DECLARATION OF  
MICHAEL KAMBUROWSKI

In Removal Proceedings.  
----- X

Michael Kamburowski, hereby declares:

1. I am the Respondent in this action, and submit this declaration in support of my motion to reopen.
2. I am a citizen of Australia, who entered the United States on January 23, 1995, as a nonimmigrant visitor, with authorization to remain in the United States until June 22, 1995.
3. On February 8, 1997, I married Terri Lynn Sweat, a United States Citizen.

My wife then petitioned for me to adjust my status in the United States. These papers were filed with the Immigration and Naturalization Service ("INS") office in Arlington, Virginia, in October of 1997. At that time, we were living at 2001 North Adams Street in Arlington, Virginia. A copy of these papers are annexed hereto as Exhibit "1."

4. In 1998, my wife and I started having marital problems, we went to counseling, but unfortunately we divorced in April of 1998. At that time, I moved to my new address at 1613 Harvard Street, N.W., Washington, D.C.
5. In December of 1998, I filed a Form I-751, Petition to Remove the Conditions of Residence with the Immigration and Naturalization Service. I thought that I needed to file this form since I had

been divorced. I gave the INS my new address and the INS then sent me two letters regarding my petition to my new address. A copy of these letters are annexed hereto as Exhibit "2." After that, I did not receive any further communication from the INS. Based upon their letter of July 28, 1999, I believed that my case had been terminated.

6. Thereafter, I met my present wife and we were married in Arlington, Virginia, in June of 2001, and then moved to New York. Once in New York, we hired my present counsel, Mr. DiRaimondo to file papers to adjust my status. Mr. DiRaimondo filed papers with the INS in New York on May 31, 2002.
7. During my meetings with Mr. DiRaimondo, and in the submission of my papers to the INS, I was truthful and honest. I never knew that I had been placed into removal proceedings, I never received a Notice to Appear from the INS, an Order of Deportation from an Immigration Judge, or a Notice of Surrender, or any document from the INS regarding removal proceedings. The last information I received from the INS was their letter dated July 28, 1999, terminating my case.
8. As you can imagine, I was shocked when I was told at my adjustment interview that I had an outstanding order of removal and was even more shocked when I was taken into immigration custody. I have never been in jail for any reason. I respectfully request that the proceedings

UNITED STATES DEPARTMENT OF JUSTICE  
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
OFFICE OF THE IMMIGRATION JUDGE

X \_\_\_\_\_ X

In the Matter of

Michael KAMBUROWSKI,

A76 595 582,

Respondent.

In Removal Proceedings.

X \_\_\_\_\_ X

**NOTICE TO REOPEN IN ABSENCE ORDER**

DIA MONDO & MASIELLO  
ATTORNEYS AT LAW

For the Respondent

401 Broadhollow Road, #302

MELVILLE, NEW YORK 11747

(631) 775-5557

FAX (631) 772-5111

120 Broadway, 18th Floor

NEW YORK, NEW YORK 10271

(212) 587-0550

FAX (212) 587-0545

Subject of a removal order which has been admitted

Dated

Attorney for



and know the contents thereof; the same is true to my own knowledge, except as to the matters therein stated to be alleged on information and belief, and as to those matters I believe it to be true. The reason this verification is made by me and not by

The grounds of my belief as to all matters not stated upon my own knowledge are as follows:

I affirm that the foregoing statements are true, under the penalties of perjury.

Dated:

STATE OF

COUNTY OF

The name signed must be printed beneath

I,

☐ Individual Verification

the foregoing the within action. I have read and know the contents thereof; the same is true to my own knowledge, except as to the matters therein stated to be alleged on information and belief, and as to those matters I believe it to be true.

☐ Corporate Verification

the of corporation and a party in the within action. I have read the foregoing and know the contents thereof; and the same is true to my own knowledge, except as to the matters therein stated to be alleged on information and belief, and as to those matters I believe it to be true. This verification is made by me because the above-named is a corporation and I am an officer thereof. The grounds of my belief as to all matters not stated upon my own knowledge are as follows:

Sworn to before me on

The name signed must be printed beneath

STATE OF

COUNTY OF

The name signed must be printed beneath

I,

being sworn, depose and say: I am in the within action. I have read and know the contents thereof; the same is true to my own knowledge, except as to the matters therein stated to be alleged on information and belief, and as to those matters I believe it to be true.

of age and resident in

the within

☐ Individual Verification

my deposition, except as to the matters therein stated to be alleged on information and belief, and as to those matters I believe it to be true. This verification is made by me because the above-named is a corporation and I am an officer thereof. The grounds of my belief as to all matters not stated upon my own knowledge are as follows:

☐ Corporate Verification

my deposition, except as to the matters therein stated to be alleged on information and belief, and as to those matters I believe it to be true. This verification is made by me because the above-named is a corporation and I am an officer thereof. The grounds of my belief as to all matters not stated upon my own knowledge are as follows:

Sworn to before me on

# Certificate Of Marriage



I CERTIFY THAT I JOINED TOGETHER IN MARRIAGE:

Michael Raphael Kamburowski

, HUSBAND,

AND

Gina Jessica Marie Smith

, WIFE,

ON June 14, 2001

IN

Arlington County

, VIRGINIA,

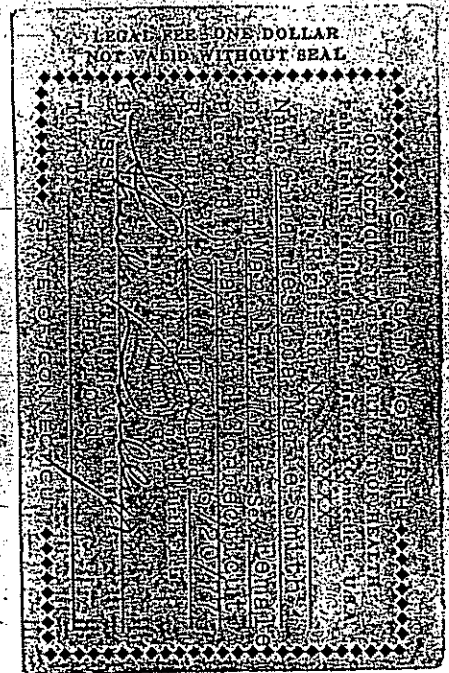
BY AUTHORITY OF A LICENSE ISSUED BY THE CLERK OF THE CIRCUIT COURT OF  
Arlington County, VIRGINIA, DATED June 14, 2001

GIVEN UNDER MY HAND ON June 14, 2001

(Signature of Official)

COMMONWEALTH OF VIRGINIA  
STATE DEPARTMENT OF HEALTH

Gerald E. Williams-Civil Magistrate  
(Title of Official)





## BIOGRAPHIC INFORMATION

(Family name) <b>KAMBUROWSKI, Michael Raphael</b>	(First name) <b>Michael</b>	(Middle name) <b>Raphael</b>	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE(Mo.-Day-Yr.) <b>05-03-71</b>	NATIONALITY <b>Australian</b>	FILE NUMBER <b>A-None</b>
ALL OTHER NAMES USED (including names by previous marriages)			CITY AND COUNTRY OF BIRTH <b>Chelm, Poland</b>			SOCIAL SECURITY NO. (if any) <b>None</b>
FAMILY NAME, FIRST NAME <b>KAMBUROWSKI, Zbigniej</b>		DATE, CITY AND COUNTRY OF BIRTH(if known) <b>03-01-48 Poland</b>		CITY AND COUNTRY OF RESIDENCE. <b>Geelong, Australia</b>		
FATHER <b>KALABUN, Urszula</b>		DATE, CITY AND COUNTRY OF BIRTH <b>10-21-48 Poland</b>		CITY AND COUNTRY OF RESIDENCE. <b>Geelong, Australia</b>		
MOTHER (Maiden name)						
HUSBAND (if none, so state) OR WIFE <b>KAMBUROWSKI</b>	FAMILY NAME (For wife, give maiden name)	FIRST NAME <b>Gina</b>	BIRTHDATE <b>03-15-77</b>	CITY & COUNTRY OF BIRTH <b>Hartford, CT USA</b>	DATE OF MARRIAGE <b>06-14-01</b>	PLACE OF MARRIAGE <b>Arlington, VA USA</b>
FORMER HUSBANDS OR WIVES(if none, so state)						
FAMILY NAME (For wife, give maiden name) <b>SWEAT</b>	FIRST NAME <b>Terri Lynn</b>	BIRTHDATE <b>05-23-72</b>	DATE & PLACE OF MARRIAGE <b>02-08-97 Alexandria, VA</b>		DATE AND PLACE OF TERMINATION OF MARRIAGE <b>04-09-98 Alexandria, VA</b>	

## APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
<b>11-15 St. Nicholas Avenue, Apt # 5H</b>	<b>New York</b>	<b>NY</b>	<b>USA</b>	<b>06</b>	<b>01</b>	PRESENT TIME	
<b>2070 Belmont Road, NN 608</b>	<b>Washington</b>	<b>DC</b>	<b>USA</b>	<b>12</b>	<b>99</b>	<b>06</b>	<b>01</b>
<b>1613 Harvard St. NN # 206</b>	<b>Washington</b>	<b>DC</b>	<b>USA</b>	<b>04</b>	<b>98</b>	<b>12</b>	<b>99</b>
<b>2001 N. Adams St. # 416</b>	<b>Arlington</b>	<b>VA</b>	<b>USA</b>	<b>02</b>	<b>97</b>	<b>04</b>	<b>98</b>
<b>1300 Rhode Island Ave, NN</b>	<b>Washington</b>	<b>DC</b>	<b>USA</b>	<b>12</b>	<b>95</b>	<b>02</b>	<b>97</b>

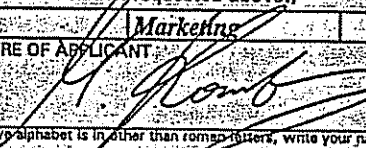
## APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
<b>14 Grange Ct.</b>	<b>Geelong</b>	<b>Victoria</b>	<b>Australia</b>	<b>12</b>	<b>85</b>	<b>01</b>	<b>95</b>

## APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYER FIRST.

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION(S) SPECIFY	FROM		TO	
		MONTH	YEAR	MONTH	YEAR
<b>Unemployed</b>	<b>Lobbyist</b>			PRESENT TIME	
<b>Americans for Tax Reform, 1920 L Street, Washington DC 20036 USA</b>		<b>11</b>	<b>95</b>	<b>12</b>	<b>00</b>

Show below last occupation abroad if not shown above. (Include all information requested above.)

<b>Mahlab Group</b>		<b>Marketing</b>		<b>1993</b>	<b>1994</b>
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):		SIGNATURE OF APPLICANT 		DATE <b>5/23/02</b>	
Submit all four pages of this form.		If your native alphabet is in other than roman letters, write your name in your native alphabet in this space: <b>N/A</b>			

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT:

BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY THE HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family Name)	(Given Name)	(Middle Name)	(Alien registration number)
<b>KAMBUROWSKI</b>	<b>Michael</b>	<b>Raphael</b>	<b>None</b>

(1) Ident.

00001581

Form G-325 A (Rev. 09/11/00)

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(Family name) <b>KAMBUROWSKI, Gina Jessica</b>	(First name) <b>Gina Jessica</b>	(Middle name)	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	BIRTHDATE(Mo.-Day-Yr.) <b>03-15-77</b>	NATIONALITY <b>USC</b>	FILE NUMBER <b>A--</b>
ALL OTHER NAMES USED (including names by previous marriages) <b>Gina Jessica Smith</b>				CITY AND COUNTRY OF BIRTH <b>Hartford, USA</b>		SOCIAL SECURITY NO. (if any) <b>045-82-7394</b>
FAMILY NAME FIRST NAME <b>SMITH, Theodore</b>		DATE, CITY AND COUNTRY OF BIRTH(if known) <b>11-26-31 Antigua</b>		CITY AND COUNTRY OF RESIDENCE. <b>East Hartford, CT, USA</b>		
FATHER <b>SCOTT, Minerva</b>		MOTHER (Maiden name) <b>06-22-35 Dominican Republic</b>				
HUSBAND (if none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name) <b>KAMBUROWSKI</b>	FIRST NAME <b>Michael</b>	BIRTHDATE <b>05-03-71</b>	CITY & COUNTRY OF BIRTH <b>Chelm Poland</b>	DATE OF MARRIAGE <b>06-14-01</b>	PLACE OF MARRIAGE <b>Arlington, Virginia USA</b>
FORMER HUSBANDS OR WIVES(if none, so state)						
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE		

## APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
<b>11-15 St. Nicholas Avenue, Apt # 5H</b>	<b>New York</b>	<b>NY</b>	<b>USA</b>	<b>06</b>	<b>01</b>	PRESENT TIME	
<b>2070 Belmont Road, NN #608</b>	<b>Washington</b>	<b>DC</b>	<b>USA</b>	<b>05</b>	<b>01</b>	<b>06</b>	<b>01</b>
<b>4105 W Street NN #101</b>	<b>Washington</b>	<b>DC</b>	<b>USA</b>	<b>09</b>	<b>99</b>	<b>05</b>	<b>01</b>
<b>5850 Cameron Run Terrace, #1112</b>	<b>Alexandria</b>	<b>VA</b>	<b>USA</b>	<b>06</b>	<b>99</b>	<b>09</b>	<b>99</b>
<b>3 Elida Court</b>	<b>East Hartford</b>	<b>CT</b>	<b>USA</b>	<b>00</b>	<b>93</b>	<b>06</b>	<b>99</b>

## APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR

## APPLICANT'S EMPLOYMENT LAST FIVE YEARS: (IF NONE, SO STATE, LIST PRESENT EMPLOYER FIRST)

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION(SPECIFY)	FROM		TO	
		MONTH	YEAR	MONTH	YEAR
<b>Adler &amp; Robin Books, Inc., 3000 Connecticut Ave., Washington DC</b>	<b>Editor</b>	<b>04</b>	<b>00</b>	<b>03</b>	<b>01</b>
<b>National Journal's Technology Daily, 600 New Hampshire Ave., Washington DC</b>	<b>Staff Writer</b>	<b>06</b>	<b>99</b>	<b>04</b>	<b>00</b>
<b>New England Cable News, 160 Wells Ave, Newton MA</b>	<b>Producer</b>	<b>10</b>	<b>98</b>	<b>05</b>	<b>99</b>

Show below last occupation abroad if not shown above. (Include all information requested above.)

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:  
☐ NATURALIZATION ☐ STATUS AS PERMANENT RESIDENT  
☒ OTHER (SPECIFY): **Petition for Alien Relative.**

SIGNATURE OF APPLICANT

DATE

**Gina Jessica Kambrowski****5/23/02**

Submit all four pages of this form.

If your native alphabet is in other than roman letters, write your name in your native alphabet in this space.

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT:

BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY THE HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family Name)	(Given Name)	(Middle Name)	(Alien registration number)
<b>KAMBUROWSKI</b>	<b>Gina</b>	<b>Jessica</b>	

(1) Ident.

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Form G-325 A (Rev. 09-11-00) Y

000000101

Form 485, Application to Register  
Permanent Residence or Adjust Status

START HERE - Please Type or Print

Part 1. Information about you.

Family Name	KAMBUROWSKI	Given Name	Michael	Middle Initial	R
Address - C/O					
Street Number and Name	11 - 15 St. Nicholas Street			Apt. #	5H
City	New York				
State	NY	Zip Code	10026		
Date of Birth (month/day/year)	05-03-71	Country of Birth	Poland		
Social Security #	None	A # (if any)	None		
Date of Last Arrival (month/day/year)	01-23-95	I-94 #	70324993900		
Current INS Status	B-2	Expires on (month/day/year)	02-22-95		

Part 2. Application Type. (check one)

I am applying for adjustment to permanent resident status because:

- a. ☒ an immigrant petition giving me an immediately available immigrant visa number has been approved. (Attach a copy of the approval notice—or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application that will give you an immediately available visa number, if approved.)
- b. ☐ My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category which allows derivative status for spouses and children.
- c. ☐ I entered as a K-1 fiancé(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e). (Attach a copy of the fiancé(e) petition approval notice and the marriage certificate).
- d. ☐ I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. ☐ I am a native or citizen of Cuba admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least 1 year.
- f. ☐ I am the husband, wife, or minor unmarried child of a Cuban described in (e) and am residing with that person, and was admitted or paroled into the U.S. after January 1, 1959, and thereafter and thereafter have been physically present in the U.S. for at least 1 year.
- g. ☐ I have continuously resided in the U.S. since before January 1, 1972.
- h. ☐ Other basis of eligibility. Explain. (If additional space is needed, use a separate piece of paper.)

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the U.S. as a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and: (Check one)

- i. ☐ I am a native or citizen of Cuba and meet the description in (e), above.
- j. ☐ I am the husband, wife or minor unmarried child of a Cuban, and meet the description in (f), above.

FOR INS USE ONLY

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
<input type="checkbox"/> Applicant Interviewed	

Section of Law

- ☐ Sec. 209(b), INA  
☐ Sec. 13, Act of 9/11/57  
☐ Sec. 245, INA  
☐ Sec. 249, INA  
☐ Sec. 1 Act of 11/2/66  
☐ Sec. 2 Act of 11/2/66  
☐ Other

Country Chargeable

Eligibility Under Sec. 245

- ☐ Approved Visa Petition  
☐ Dependent of Principal Alien  
☐ Special Immigrant  
☐ Other

Preference

Action Block

To Be Completed by  
Attorney or Representative, if any

☒ Fill in box if G-28 is attached to represent the applicant

VOLAG#

ATTY State License #

Continued on back

Form I-485 (Rev. 02/07/00) Page 1

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### Part 3. Processing Information. (Continued)

Please answer the following questions. (If your answer is "Yes" to any of these questions, explain on a separate piece of paper. Answering "Yes" does not necessarily mean that you are not entitled to adjust your status or register for permanent residence.)

1. Have you ever, in or outside the U.S.:
  - a. knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? ☐ Yes ☒ No
  - b. been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? ☐ Yes ☒ No
  - c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action? ☐ Yes ☒ No
  - d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the U.S.? ☐ Yes ☒ No
2. Have you received public assistance in the U.S. from any source, including the U.S. government or any state, county, city, or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future? ☐ Yes ☒ No
3. Have you ever:
  - a. within the past ten years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? ☐ Yes ☒ No
  - b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? ☐ Yes ☒ No
  - c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the U.S. illegally? ☐ Yes ☒ No
  - d. illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the trafficking of any controlled substance? ☐ Yes ☒ No
4. Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to, any person or organization that has ever engaged or conspired to engage, in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity? ☐ Yes ☒ No
5. Do you intend to engage in the U.S. in:
  - a. espionage? ☐ Yes ☒ No
  - b. any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence or other unlawful means? ☐ Yes ☒ No
  - c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information? ☐ Yes ☒ No
6. Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? ☐ Yes ☒ No
7. Did you, during the period March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion? ☐ Yes ☒ No
8. Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin, or political opinion? ☐ Yes ☒ No
9. Have you ever been deported from the U.S., or removed from the U.S. at government expense, excluded within the past year, or are you now in exclusion or deportation proceedings? ☐ Yes ☒ No
10. Are you under a final order of civil penalty for violating section 274C of the Immigration Act for use of fraudulent documents, or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the U.S., or any other immigration benefit? ☐ Yes ☒ No
11. Have you ever left the U.S. to avoid being drafted into the U.S. Armed Forces? ☐ Yes ☒ No
12. Have you ever been a J nonimmigrant exchange visitor who was subject to the 2 year foreign residence requirement and not complied with that requirement or obtained a waiver? ☐ Yes ☒ No
13. Are you now withholding custody of a U.S. Citizen child outside the U.S. from a person granted custody of the child? ☐ Yes ☒ No
14. Do you plan to practice polygamy in the U.S.? ☐ Yes ☒ No

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Continued on back

Form I-485 (Rev. 02/07/00) Page 3

000000103





PEOPLE'S REPUBLIC OF POLAND

Province of Chełm  
Municipal Registry in Chełm

Abridged Abstract of Birth Certificate

1. Last name Kamburowski
2. Name (names) Michał Rafał
3. Date of birth May third, nineteen hundred  
and seventy one (50.03.1971)
4. Place of birth Chełm
5. Name and last name (father) Kamburowski Zbigniew  
\_\_\_\_\_ profession \_\_\_\_\_ student \_\_\_\_\_
6. Family name (father) \_\_\_\_\_
7. First name and maiden name (mother) Urszula Rozalia Kalabun  
\_\_\_\_\_ profession \_\_\_\_\_ student \_\_\_\_\_

The correspondence of the above abstract with the  
contents of Certificate of Birth No. 670/1971  
is certified.

[circular seal of the  
Chełm Municipal Registry]

Warszawa-Wola, June 21, 1983

[50 zł cancelled  
fee stamp]

Director of the Municipal Registry  
Deputy Director of the Municipal Registry  
/signature/  
Danuta Krackowska

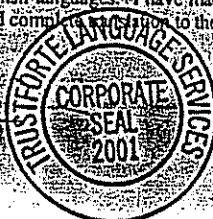
STATE OF NEW YORK )

CERTIFICATE OF ACCURACY

COUNTY OF NEW YORK )

Mariusz Moryl, being duly sworn, deposes and says:  
I am fluent in both the English and Polish languages. I have made the above translation from the original document in the Polish language and  
hereby certify that the same is a true and complete translation to the best of my knowledge, ability, and belief.

  
Mariusz Moryl  
Trustforte Language Services



Sworn to before me this  
12<sup>th</sup> day of March, 2002

  
Notary Public

BARRIE ROSEN  
Notary Public, State of New York  
No. 316015233  
Qualified in New York County  
Commission Expires Oct. 26, 2002

000000104



PEOPLE'S REPUBLIC OF POLAND  
Province of Lublin  
County of Chełm  
CIVIL REGISTRY  
in Chełm  
NO. 670/1971

In accordance with the circular of the Prime Minister dated 09.05.1956 (illegible/ No. 75, item 883), after registering the data, the abstract should be returned to the person presenting it.

Free of Treasury Fee for the population census and personal identification purposes.

### Abstract of Birth Certificate

I hereby certify that Kamburowski, Michał Rafał  
son of Zbigniew and Urszula Rozalia  
was born on 3<sup>rd</sup> of May, nineteen hundred  
and seventy one,  
May 3, 1971 in Chełm.

Chełm, October 14, 1971

[circular seal  
of Civil Registry in Chełm]

Director  
of the Civil Registry

[signature]  
Zbigniew Rajewski

I, Marielaine L. Masi, AN ATTORNEY  
ADMITTED TO PRACTICE IN THE COURTS OF NEW  
YORK STATE, DO HEREBY CERTIFY PURSUANT TO  
RULE 2105 CPLR, THAT I HAVE COMPARED THE  
FOREGOING WITH THE ORIGINAL AND HAVE FOUND  
IT TO BE A TRUE AND COMPLETE COPY.  
DATED: NEW YORK  
5/28/02 M. A. Masi

STATE OF NEW YORK )

### CERTIFICATE OF ACCURACY

COUNTY OF NEW YORK )

Mariusz Moryl, being duly sworn, deposes and says:

I am fluent in both the English and Polish languages. I have made the above translation from the original document in the Polish language and hereby certify that the same is a true and complete translation to the best of my knowledge, ability, and belief.

Mariusz Moryl  
Trustforte Language Services



Sworn to before me this  
12<sup>th</sup> day of March, 2002

Ba. Pon  
Notary Public

BARRIER ROSEN  
Notary Public, State of New York  
No. 316015233  
Qualified in New York County  
Commission Expires Oct. 26, 2002

POLSKA RZECZPOSPOLITA LUDOWA

Województwo

Powiat

URZĄD STANU CYWILNEGO

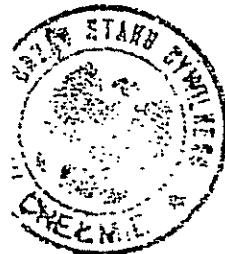
w

Nr

Zgłoszenie z obywatelstwem Prezesa Rady Ministrów  
z dnia 5. III 1955 (M. P. Nr 75, poz. 888), poleca  
odnotowanie: ... w ... w ... w ... w ...  
ciś osobie przedkładającej.

# Wyciąg z aktu urodzenia

Zaświadczam, że Kamburowski Michał Rafał  
syn - córka Zbigniewa i Ursuli Korol  
urodził się dnia trzeciego maja tysiąc dziewięćset nie-  
demilendzkiego piątego  
3.05.1971 roku w Oleśnicy  
Oleśnica, dnia 14 października 1971 r.



MSW-M-7 zlec. Nr 785/PWH/LJCWD  
PZG w Pobliscach, P. Skargi 40; zam. 445-71, nakł. 1 200 000 szt.

Kierownik  
Urzędu Stanu Cywilnego  
Zbigniew Rajewski

MICHAEL KAMBUROWSKI'S BIRTH CERTIFICATE (POLISH)



Zgłoszenie z ogłoszeniem Prezesa Rady Ministrów  
z dnia 8. III 1965 (M. P. Nr 76, poz. 888) / 1965  
Polska Rzeczpospolita Ludowa obowiązujące  
w sprawie przeliczenia

Powiat

Urząd Stanu Cywilnego

Wyciąg z aktu urodzenia

Nr 640.184

Zaświadczam, że

syn — córka Michał Różycki

urodził się dnia 30.01.1971 roku w Deulinie

deklaruję pisemnie

Deulinie, dnia 14.02.1971 r.

UWAGA: Zgłoszenie, Nr 73/PW/12/CWD  
PZG w Poznaniu, P. Skarżyński, 448-71, nakł. 1 200 000 szt.

Kierownik  
Urzędu Stanu Cywilnego  
Zbigniew Rajewski



START HERE - Please Type or Print

Part 1. Information on Sponsor (You)

Last Name <b>Kamburowski</b>		First Name <b>Gina</b>		Middle Name <b>Jessica</b>	
Mailing Address (Street Number and Name) <b>11-15 St. Nicholas Ave</b>				Apt/Suite Number	
City <b>New York</b>				State or Province <b>NY</b>	
Country <b>USA</b>				ZIP/Postal Code <b>10026</b>	Telephone Number <b>(202 ) 425-4721</b>
Place of Residence if different from above (Street Number and Name) <b>11-15 St. Nicholas Avenue</b>				Apt/Suite Number <b>5H</b>	
City <b>New York</b>				State or Province <b>NY</b>	
Country <b>USA</b>		ZIP/Postal Code <b>10026</b>		Telephone Number <b>(202 ) 425-4721</b>	
Date of Birth (Month, Day, Year) <b>03-15-77</b>		Place of Birth (City, State, Country) <b>Hartford, CT, USA</b>		Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Number <b>045-82-7394</b>			A-Number (If any)		

FOR AGENCY USE ONLY

This Affidavit      Receipt

☐ Meets

☐ Does not meet

Requirements of Section 213A

Officer's Signature

Location

Date

Part 2. Basis for Filing Affidavit of Support

I am filing this affidavit of support because (check one):

- a. ☒ I filed/am filing the alien relative petition.
- b. ☐ I filed/am filing an alien worker petition on behalf of the intending immigrant, who is related to me as my \_\_\_\_\_ (relationship)
- c. ☐ I have ownership interest of at least 5% of \_\_\_\_\_ (name of entity which filed visa petition) which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my \_\_\_\_\_ (relationship)
- d. ☐ I am a joint sponsor willing to accept the legal obligations with any other sponsor(s).

Part 3. Information on the Immigrant(s) You Are Sponsoring

Last Name <b>Kamburowski</b>		First Name <b>Michael</b>		Middle Name <b>Raphael</b>	
Date of Birth (Month, Day, Year) <b>05-03-71</b>		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Social Security Number (If any) <b>None</b>	
Country of Citizenship <b>Australia</b>		A-Number (If any) <b>None</b>			
Current Address (Street Number and Name) <b>11-15 St. Nicholas Avenue</b>		Apt/Suite Number <b>5H</b>		City <b>New York</b>	
State/Province <b>NY</b>		Country <b>USA</b>		ZIP/Postal Code <b>10026</b>	
				Telephone Number <b>( 202 ) 425-4721</b>	

List any spouse and/or children immigrating with the immigrant named above in this Part:

(Use additional sheet of paper if necessary.)

Name	Relationship to Sponsored Immigrant			Date of Birth			A-Number (If any)	Social Security Number (If any)
	Spouse	Son	Daughter	Mo	Day	Yr		

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**D. Sponsor's Annual Household Income**

Enter total unadjusted income from your Federal income tax return for the most recent tax year below. If you last filed a joint income tax return but are using only your own income to qualify, list total earnings from your W-2 Forms, or, if necessary to reach the required income for your household size, include income from other sources listed on your tax return. If your *individual* income does not meet the income requirement for your household size, you may also list total income for anyone related to you by birth, marriage, or adoption currently living with you in your residence if they have lived in your residence for the previous 6 months, or any person shown as a dependent on your Federal income tax return for the most recent tax year, even if not living in the household. For their income to be considered, household members or dependents must be willing to make their income available for support of the sponsored immigrant(s) and to complete and sign Form I-864A, Contract Between Sponsor and Household Member. A sponsored immigrant/household member only need complete Form I-864A if his or her income will be used to determine your ability to support a spouse and/or children immigrating with him or her.

You must attach evidence, of current employment and copies of income tax returns filed the IRS for the most recent 3 tax years for yourself and all persons whose income is listed below. See "Required Evidence" in Instructions. Income from all 3 years will be considered in determining your ability to support the immigrant(s) you are sponsoring.

- ☐ I filed a single/separate tax return for the most recent tax year.  
☐ I filed a joint return for the most recent tax year which includes only my own income.  
☐ I filed a joint return for the most recent tax year which includes income for my spouse and myself.  
☐ I am submitting documentation of my individual income (Forms W-2 and 1099).  
☐ I am qualifying using my spouse's income; my spouse is submitting a Form I-864A.

Indicate most recent tax year

Sponsor's individual income

(tax year)

\$

or

Sponsor and spouse's combined income  
(If joint tax return filed; spouse must submit  
Form I-864A.)

\$

Income of other qualifying persons.  
(List names; include spouse if applicable.  
Each person must complete Form I-864A.)

\$

\$

\$

\$

Total Household Income

\$

Explain on separate sheet of paper if you or any of the above listed individuals are submitting Federal income tax returns for fewer than 3 years, or if other explanation of income, employment or evidence is necessary.

**E. Determination of Eligibility Based on Income**

1. ☒ I am subject to the 125 percent of poverty line requirement for sponsors.  
☐ I am subject to the 100 percent of poverty line requirement for sponsors on active duty in the U.S. Armed Forces sponsoring their spouse or child.

2. Sponsor's total household size, from Part 4.C., line 5 - 2

3. Minimum income requirement from the Poverty Guidelines chart for the year of 2001 is \$ 13,562  
for this household size (year)

If you are currently employed and your household income for your household size is equal to or greater than the applicable poverty line requirement (from line E.3.), you do not need to list assets (Parts 4.F. and 5) or have a joint sponsor (Part 6) unless you are requested to do so by a Consular or Immigration Officer. You may skip to Part 7, Use of the Affidavit of Support to Overcome Public Charge Ground of Admissibility. Otherwise, you should continue with Part 4.F.

**Notice of Change of Address.**

Sponsors are required to provide written notice of any change of address within 30 days of the change in address until the sponsored immigrant(s) have become U.S. citizens, can be credited with 40 quarters of work, depart the United States permanently, or die. To comply with this requirement, the sponsor must complete INS Form I-865. Failure to give this notice may subject the sponsor to the civil penalty established under section 213A(d)(2) which ranges from \$250 to \$2,000, unless the failure to report occurred with the knowledge that the sponsored immigrant(s) had received means-tested public benefits, in which case the penalty ranges from \$2,000 to \$5,000.

*If my address changes for any reason before my obligations under this affidavit of support terminate, I will complete and file INS Form I-865, Sponsor's Notice of Change of Address, within 30 days of the change of address. I understand that failure to give this notice may subject me to civil penalties.*

**Means-tested Public Benefit Prohibitions and Exceptions.**

Under section 403(a) of Public Law 104-193 (Welfare Reform Act), aliens lawfully admitted for permanent residence in the United States, with certain exceptions, are ineligible for most Federally-funded means-tested public benefits during their first 5 years in the United States. This provision does not apply to public benefits specified in section 403(c) of the Welfare Reform Act or to State public benefits, including emergency Medicaid; short-term, non-cash emergency relief; services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; student assistance under the Higher Education Act and the Public Health Service Act; certain forms of foster-care or adoption assistance under the Social Security Act; Head Start programs; means-tested programs under the Elementary and Secondary Education Act; and Job Training Partnership Act programs.

**Consideration of Sponsor's Income in Determining Eligibility for Benefits.**

If a permanent resident alien is no longer statutorily barred from a Federally-funded means-tested public benefit program and applies for such a benefit, the income and resources of the sponsor and the sponsor's spouse will be considered (or deemed) to be the income and resources of the sponsored immigrant in determining the immigrant's eligibility for Federal means-tested public benefits. Any State or local government may also choose to consider (or deem) the income and resources of the sponsor and the sponsor's spouse to be the income and resources of the immigrant for the purposes of determining eligibility for their means-tested public benefits. The attribution of the income and resources of the sponsor and the sponsor's spouse to the immigrant will continue until the immigrant becomes a U.S. citizen or has worked or can be credited with 40 qualifying quarters of work, provided that that the immigrant or the worker crediting the quarters to the immigrant has not received any Federal means-tested public benefit during any creditable quarter for any period after December 31, 1996.

*I understand that, under section 213A of the Immigration and Nationality Act (the Act), as amended, this affidavit of support constitutes a contract between me and the U.S. Government. This contract is designed to protect the United States Government, and State and local government agencies or private entities that provide means-tested public benefits, from having to pay benefits to or on behalf of the sponsored immigrant(s), for as long as I am obligated to support them under this affidavit of support. I understand that the sponsored immigrants, or any Federal, State, local, or private entity that pays any means-tested benefit to or on behalf of the sponsored immigrant(s), are entitled to sue me if I fail to meet my obligations under this affidavit of support, as defined by section 213A and INS regulations.*

**Civil Action to Enforce.**

If the immigrant on whose behalf this affidavit of support is executed receives any Federal, State, or local means-tested public benefit before this obligation terminates, the Federal, State, or local agency or private entity may request reimbursement from the sponsor who signed this affidavit. If the sponsor fails to honor the request for reimbursement, the agency may sue the sponsor in any U.S. District Court or any State court with jurisdiction of civil actions for breach of contract. INS will provide names, addresses, and Social Security account numbers of sponsors to benefit-providing agencies for this purpose. Sponsors may also be liable for paying the costs of collection, including legal fees.

Bank of America



Bank of America  
Dupont Circle Banking Center  
DC1-821-01-01  
3 Dupont Circle N.W.  
Washington, DC 20036-1701

Tel 202.624.4370  
Fax 202.785.3878

July 12, 2001

Michael R. Kamurowski  
11-15 St Nicholas Ave. Apt. 5-H  
New York, NY 10026

Dear Mr. Kamurowski:

Our records show that you been a depositor of good standing since February 02, 1995.

We trust that this confidential information, which comes from our direct experience, will be of assistance to you. Please let us know if we may be of service in the future by calling us at (202) 624-4370.

Sincerely,

Cassandra Goodman  
Bank Officer

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Do Not Write in This Block

Remarks	Action Stamp	Fee Stamp
A#		
Applicant is filing under 274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended (Circle One) _____ until _____ (Date). Subject to the following conditions: _____ (Date). <input type="checkbox"/> Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity as required in 8 CFR 274a.12(c) (14) (18) and 8 CFR 214.2(f)		

I am applying for:

- ☒ Permission to accept employment  
☐ Replacement (of lost employment authorization document).  
☐ Renewal of my permission to accept employment (attach previous employment authorization document).

1. Name (Family Name in CAPS) (First) (Middle)  
**KAMBUROWSKI Michael Raphael**

2. Other Names Used (Include Maiden Name)  
\_\_\_\_\_

3. Address in the United States (Number and Street) (Apt. Number)  
**11-15 St. Nicholas Avenue SH**  
(Town or City) (State/Country) (ZIP Code)  
**New York NY 10026**

4. Country of Citizenship/Nationality  
**Australia**

5. Place of Birth (Town or City) (State/Province) (Country)  
**Chelm Chelm Poland**

6. Date of Birth (Month/Day/Year) 7. Sex  
**05-03-71** ☒ Male ☐ Female

8. Marital Status ☒ Married ☐ Single  
☐ Widowed ☐ Divorced

9. Social Security Number (Include all Numbers you have ever used)  
**None**

10. Alien Registration Number (A-Number) or I-94 Number (if any)  
**70324993900**

11. Have you ever before applied for employment authorization from INS?

☒ Yes (If yes, complete below) ☐ No

Which INS Office? **Arlington VA** Date(s) **09-1997**

Results (Granted or Denied - attach all documentation)

12. Date of Last Entry into the U.S. (Month/Day/Year)  
**01-23-95**

13. Place of Last Entry into the U.S.  
**Los Angeles CA**

14. Manner of Last Entry (Visitor, Student, etc.)  
**Visitor**

15. Current Immigration Status (Visitor, Student, etc.)  
**Visitor for Pleasure**

16. Go to Part 2 of the instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.).  
Eligibility under 8 CFR 274a.12

( c ) ( 9 ) ( )

Certification

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking. I have read the Instructions in Part 2 and have identified the appropriate eligibility category in Block 16.

Signature

Telephone Number

Date

202-425-4721

5/23/02

Signature of Person Preparing Form if Other Than Above: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name

Address

Signature

Date

Michael P. DiRaimondo

DiRaimondo & Mast, LLP  
401 Broadhollow Road, #302  
Melville NY 11747

  
5/31/02

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Initial Receipt	Resubmitted	Relocated		Completed		
		Rec'd	Sent	Approved	Denied	Returned

Departure Number

703249939 00

Immigration and  
Naturalization Service

I-94  
Departure Record

BZ  
JUL 22 1995

14. Family Name

K.A.M.B.-UROLSKI

15. First (Given) Name

MICHAEL

16. Birth Date (Day/Mo/Yr)

05/05/71

17. Country of Citizenship

AUSTRIA

18. See Other Side

STAPLE HERE

I, MICHAEL P. DIRAIMONDO, AN ATTORNEY  
ADMITTED TO PRACTICE IN THE COURTS OF NEW  
YORK STATE, DO HEREBY CERTIFY PURSUANT TO  
2105 CPLR THAT I HAVE COMPARED THE  
COPY WITH THE ORIGINAL AND HAVE FOUND  
IT TRUE AND COMPLETE COPY.

NEW YORK

5/3/95 *[Signature]*



PAUL SHEARMAN ALLEN & ASSOCIATES

ATTORNEYS AT LAW

1329 18th STREET, NW  
WASHINGTON, DC 20036  
TEL 202.638.2777; FAX 202.638.1677  
E-MAIL: DrGreencard@cyberhost.com  
URL: http://cyberhost.com/allen/index.html

PAUL SHEARMAN ALLEN (DC & NY)  
SUSAN AU ALLEN (DC & PENNSYLVANIA)

**COPY**

HONG KONG OFFICE:  
21/F CIRCLE TOWER  
28 TANG LUNG STREET  
CAUSEWAY BAY, HONG KONG  
TEL 2-721.8881; FAX 2-369.8455

January 20, 1998

William Carroll, District Director  
Immigration and Naturalization Service  
P.O. Box 3018  
Arlington, VA 22203

certified mail #Z.013 016 105

RE: I-130, PETITION FOR ALIEN RELATIVE  
I-485, APPLICATION FOR PERMANENT RESIDENCE and  
I-765, APPLICATION FOR EMPLOYMENT AUTHORIZATION  
Petitioner: SWEAT, Terry Lynn  
Beneficiary: KAMBUROWSKI, Michael Raphael - born 5/3/71 in Poland  
REQUEST OF STATUS

Dear Mr. Carroll:

My office represents Michael Raphael Kamburowski with respect to his immigration matters.

On October 30, 1997 my office submitted an I-130, Petition for Alien Relative, I-485, Application for Permanent Residence and an I-765, Application for Employment Authorization on behalf of my client. Copy of the US Postal Domestic Return Receipt signed by your offices confirming the filing is enclosed for your convenience. To date, we have not received a decision regarding her application.

This application was filed on October 30, 1997 and it is now over one hundred (80) days since the date of filing. The purpose of this letter is to request the status on my client's application.

Thank you for your expeditious action on this matter.

Sincerely,

PAUL SHEARMAN ALLEN & ASSOCIATES

Paul Shearman Allen & Associates

PSA/it

Encl: copy of my 10/30/97 letter

US postal Domestic Return Receipt

000000114

# NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE

In re: All Immigration Matters	DATE <u>10-30-97</u> FILE No.
-----------------------------------	----------------------------------

I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s):

NAME <u>Terri Lynn Sweat</u>	<input checked="" type="checkbox"/> Petitioner <input type="checkbox"/> Applicant <input type="checkbox"/> Beneficiary <input type="checkbox"/>
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code) <u>c/o Paul Shearman Allen &amp; Assoc., 1329 18th St., NW, Washington, DC 20036</u>	
NAME <u>KAMBUROWSKI, Michael R.</u>	<input type="checkbox"/> Petitioner <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Beneficiary <input type="checkbox"/>
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code) <u>c/o Paul Shearman Allen &amp; Assoc., 1329 18th St., NW, Washington, DC 20036</u>	

Check Applicable Item(s) below:

<input checked="" type="checkbox"/> 1.	I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia <u>the State of New York, Pennsylvania</u> and am not under a (Name of Court) court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.
<input type="checkbox"/> 2.	I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:
<input type="checkbox"/> 3.	I am associated with the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)
<input checked="" type="checkbox"/> 4.	Others (Explain fully.) You are advised that in conformity with Public Law 90-83, USC 500(f), 81 Stat 195, you are required to give notice to the undersigned of all notices or other written communication in this case.

SIGNATURE <input checked="" type="checkbox"/> Paul S. Allen <u>[Signature]</u> <input type="checkbox"/> Susan Au Allen <input type="checkbox"/> Pauline Schwartz	COMPLETE ADDRESS PAUL SHEARMAN ALLEN & ASSOCIATES 1329 18th Street NW Washington, D.C. 20036
NAME (Type or Print) Paul Shearman Allen	TELEPHONE NUMBER 202-638-2777

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS: <u>Paul Shearman Allen &amp; Associates, Attorneys at Law</u> (Name of Attorney or Representative)		
THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER: <u>ALL IMMIGRATION MATTERS</u>		
NAME OF PERSON CONSENTING <u>Terri Lynn Sweat</u>	SIGNATURE OF PERSON CONSENTING <u>[Signature]</u>	DATE <u>9/29/97</u>
(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)		

Form I-28  
(Rev. 10-25-79)N

(OVER)

UNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service

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